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Apr 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093064 (8)

1. Corporation Name

ANGELIS ART GALLERY, INC.

Principal Place of Business

C/O 11900 BISCAYNE BLVD SUITE 268
CARBALLO & PAPE, P.A.
NORTH MIAMI FL 33181

Mailing Address

C/O 11900 BISCAYNE BLVD SUITE 268
CARBALLO & PAPE, P.A.
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1997

4. FEI Number

65-0790191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 150 Worth Ave.

Suite, Apt. #, etc.

22 Suite 211

City & State

23 Palm Beach, FL

Zip

24 33480

Country

25 USA

2a. Mailing Address

26 150 Worth Ave.

Suite, Apt. #, etc.

27 Suite 211

City & State

28 Palm Beach, FL

Zip

29 33480

Country

30 USA

9. Name and Address of Current Registered Agent

CARBALLO, JOSEPH A
CARBALLO & PAPE, P.A.
11900 BISCAYNE BLVD SUITE 268
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Joseph A. Carballo, Esq., Attorney at Law 3/31/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SERRANO MARTINEZ, MARIA DE LOS A
CITY-ST-ZIP C/O 11900 BISCAYNE BLVD SUITE 268
NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME D
STREET ADDRESS SHIBERT, LUIS MARQUETA
CITY-ST-ZIP C/O 11900 BISCAYNE BLVD SUITE 268
NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

150 WORTH AVE, SUITE 211
PALM BEACH, FL 33480

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

150 WORTH AVENUE, SUITE 211
PALM BEACH, FL 33480

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Luis Marqueta

4/6/98

(561) 833-1318

CR2E034 (10/97)